

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No.—For State Registrar Only

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7985

County of MarionTownship of MarionInc. Town of MarionCity of MarionRegistration District No. 2609Registered No. 11

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Myrtle Lee Williamson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1  
(to be answered only in case of Twin or Triplet)(6) Are Parents Married? Yes(7) DATE OF BIRTH June 15 1922  
(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Christie Lee Williamson(14) NAME BEFORE MARRIAGE Bolra Monte Cox(9) PRESENT POSTOFFICE OF FATHER Hammonton(15) PRESENT POSTOFFICE OF MOTHER Hammonton(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Marion, S.C.(18) BIRTHPLACE Marion, S.C.(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:28 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. L. Lee  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1922

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.